(Please type or print clearly)			3. File number (A number)		
I certify that on the da	ate shown I exan	mined:			
1. Name (Last in CAPS)			4. Sex ☐ Male	☐ Female	
(First)		(Middle Initial)	5. Date of birth (Month/Day/Year)		
2. Address (Street number and name)		(Apt. number)	6. Country of birth		
(City)	(State)	(Zip Code)	7. Date of examination (Month/Day/Ye	ear)	
General Physical Exar	nination: I exam	ined specifically for	evidence of the conditions listed below	v. My examination	revealed;
□ No apparent defect, disease, or	disability.		☐ The conditions listed below we	re found (check all b	ooxes that apply).
Class A Conditions	•			,	,
☐ Chancroid	☐ Hansen's di	isease, infectious	☐ Mental defect	☐ Psychopa	hic personality
☐ Chronic alcoholism	☐ HIV infectio	n		☐ Sexual der	
☐ Gonorrhea	☐ Insanity		☐ Narcotic drug addiction	☐ Syphilis, ir	
☐ Granuloma inguinale		nuloma venereum	 Previous occurrence of one or more attacks of insanity 	☐ Tuberculo	sis, active
Class B Conditions			☐ Other physical defect, disease	or disability (specify	below).
☐ Hansen's disease, not infectious		•			
Examination for Tuberculosis - T	uberculin Skin 1	Test	Examination for Tuberculosis - Ch	est X-Ray Report	
Reactionmm	☐ No reaction		☐ Abnormal	☐ Normal	☐ Not done
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
Serologic Test for Syphilis			Serologic Test for HIV Antibody		
☐ Reactive Titer (confirmatory test	nerformed)	□ Nonreactive	☐ Positive (confirmed by Western	n hiot)	□ Negative
Test Type	periorifica)	Nonicactive	Test Type	1 bloty	
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
Immuniza	ation Determinat	ion (DTP, OPV, MMF	R, Td-Refer to PHS Guidelines for recomm	nendations.)	
☐ Applicant is currently for recomm		•	☐ Applicant is not current for reco		cific immunizations
			and I have encouraged that a	ppropriate immuniz	ations be obtained.
REMARKS:					
			Follow-up of Medical Condition		
• • • • • • • • • • • • • • • • • • • •	,		ination conducted by me identified the condition lease provide follow-up services of refer the alie		
The actions necessary for medical of					
		Follow-up	Information:		
	The alien n	named above has com	plied with the recommended health follow-	up.	
Doctor's name and address (please	type or print clear	rly)	Doctor's signature	Date	
		Annlication	on Certification		
I certify that I understand the purpose	e of the medical e	• • •	e the required tests to be completed, and the	ne information on th	s form refers to me.
Signature			Date		
3					
		Civil Sur	geon Certification:		
My examination showed the app	licant to have met	•	ion and health follow-up requirements for a	djustment of status.	
Doctor's name address (please type			Doctor's signature	Date	

Medical	Estimate Time	Action
Condition	For Clearance	Required
*Suspected Mental Conditions	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active of Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous of Borderline (dimorphous)and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
***Venereal Diseases	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
HIV Infection	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

^{*}Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

^{**}Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

(Please type or	print clearly)		3. File number (A number)		
I certify that on the da	nte shown I exam	ined:			
1. Name (Last in CAPS)			4. Sex		
			☐ Male	☐ Female	
(First)		(Middle Initial)	5. Date of birth (Month/Day/Year)		
2. Address (Street number and name)		(Apt. number)	6. Country of birth		
(City)	(State)	(Zip Code)	7. Date of examination (Month/Day/Ye	ear)	
General Physical Exan	nination: I exami	ned specifically for e	evidence of the conditions listed below	. My examination	revealed;
□ No apparent defect, disease, or of	disability.		☐ The conditions listed below wer	e found (check all l	ooxes that apply).
Class A Conditions	•			,	
☐ Chancroid	☐ Hansen's dis	sease, infectious	☐ Mental defect	☐ Psychopa	thic personality
☐ Chronic alcoholism	☐ HIV infection	1	☐ Mental retardation	☐ Sexual de	
☐ Gonorrhea	☐ Insanity		 Narcotic drug addiction 	□ Syphilis, i	
☐ Granuloma inguinale	□ Lymphogran	uloma venereum	 Previous occurrence of one or more attacks of insanity 	☐ Tuberculo	sis, active
Class B Conditions			Other physical defect, disease (or disability (specify	/ below).
☐ Hansen's disease, not infectious	☐ Tuberculosis	s, not active	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	, ,
Examination for Tuberculosis - T	uberculin Skin T	est	Examination for Tuberculosis - Ch	est X-Ray Report	
☐ Reactionmm	☐ No reaction	□ Not Done	☐ Abnormal	□ Normal	☐ Not done
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
Serologic Test for Syphilis	\	□ Namesatina	Serologic Test for HIV Antibody	. h:-4\	□ Nametine
Reactive Titer (confirmatory test	репогтеа)	☐ Nonreactive	☐ Positive (confirmed by Western	i Diot)	☐ Negative
Test Type			Test Type		
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
lmminc	tian Determinati	on (DTD, OD)/, MMD	, Td-Refer to PHS Guidelines for recomm	andations \	
☐ Applicant is currently for recomm		•	Applicant is not current for reco		ecific immunizations
— грина и и и и и и и и и и и и и и и и и и	and a graph and		and I have encouraged that ap		
REMARKS:				•	
The clien named shows has applied			ollow-up of Medical Condition	a above which requi	ro rocalution hafara
			nation conducted by me identified the condtion ease provide follow-up services of refer the alie		
The actions necessary for medical of	,	d on the reverse of this f	form.		•
	T t	•	Information:		
Destade personal all (1)		·	blied with the recommended health follow-u	•	
Doctor's name and address (please	type or print cleari	у)	Doctor's signature	Date	
		Application	n Certification		
I certify that I understand the purpose	e of the medical ex	• •	the required tests to be completed, and th	e information on th	is form refers to me.
Signature		,	Date		2 2 2 32 37.00
-					
		Civil Surge	eon Certification:		
My examination showed the appl	icant to have met		on and health follow-up requirements for a	djustment of status	<u>. </u>
Doctor's name address (please type	e or print clearly)		Doctor's signature	Date	

Ś

Medical	Estimate Time	Action
Condition	For Clearance	Required
*Suspected Mental Conditions	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active of Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous of Borderline (dimorphous)and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
***Venereal Diseases	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
HIV Infection	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

^{*}Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

^{**}Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

Immigration & Naturalization Service

(Please type or print clearly)			3. File number (A number)		
I certify that on the da	te shown I exa	nmined:			
1. Name (Last in CAPS)			4. Sex		
			☐ Male	☐ Female	
(First)		(Middle Initial)	5. Date of birth (Month/Day/Year)		
2. Address (Street number and name)		(Apt. number)	6. Country of birth		
(City)	(State)	(Zip Code)	7. Date of examination (Month/Day/Ye	ear)	
General Physical Exan	nination: I exar	mined specifically for	evidence of the conditions listed below	v. My examination	revealed;
☐ No apparent defect, disease, or o	disability.		☐ The conditions listed below we	re found (check all	boxes that apply).
Class A Conditions	•				11 37
☐ Chancroid	☐ Hansen's	disease, infectious	☐ Mental defect	☐ Psychopa	thic personality
☐ Chronic alcoholism	☐ HIV infect	ion	 Mental retardation 	☐ Sexual de	eviation
☐ Gonorrhea	☐ Insanity		 Narcotic drug addiction 	Syphilis, i	nfectious
☐ Granuloma inguinale	☐ Lymphogr	anuloma venereum	 Previous occurrence of one or more attacks of insanity 	☐ Tuberculo	osis, active
Class B Conditions			☐ Other physical defect, disease	or disability (specif	y below).
☐ Hansen's disease, not infectious		· · · · · · · · · · · · · · · · · · ·			
Examination for Tuberculosis - T	uberculin Skin	Test	Examination for Tuberculosis - Ch	est X-Ray Report	
☐ Reactionmm	☐ No reaction	n Not Done	☐ Abnormal	☐ Normal	☐ Not done
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
Serologic Test for Syphilis			Serologic Test for HIV Antibody		
☐ Reactive Titer (confirmatory test	performed)	□ Nonreactive	☐ Positive (confirmed by Western	n biot)	☐ Negative
Test Type			Test Type		
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
Immuniza	tion Determina	ation (DTP OPV MMR	? Td-Refer to PHS Guidelines for recomm	nendations)	
Immunization Determination (DTP, OPV, MMR, Td-Refer to <i>PHS Guidelines</i> for recommendations.) Applicant is currently for recommended age-specific immunizations. Applicant is not current for recommended age-specific immunizations.					ecific immunizations
			and I have encouraged that a	ppropriate immuniz	zations be obtained.
REMARKS:					
			ollow-up of Medical Condition		
			nation conducted by me identified the condtion ease provide follow-up services of refer the alie		
The actions necessary for medical c				on to an appropriate	noulin outo providor.
		Follow-up	Information:		
	The alien	named above has com	plied with the recommended health follow-	up.	
Doctor's name and address (please	type or print cle	arly)	Doctor's signature	Date	
		• •	on Certification		
I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to			nis form refers to me.		
Signature			Date		
		•	eon Certification:		
			on and health follow-up requirements for a	_	i.
Doctor's name address (please type	e or print clearly))	Doctor's signature	Date	

Medical	Estimate Time	Action
Condition	For Clearance	Required
*Suspected Mental Conditions	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active of Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous of Borderline (dimorphous)and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
***Venereal Diseases	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
HIV Infection	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

^{*}Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

^{**}Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

Immigration & Naturalization Service

(Please type or print clearly)			3. File number (A number)		
I certify that on the d	ate shown I exan	nined:			
1. Name (Last in CAPS)			4. Sex	_	
			☐ Male	☐ Female	
(First)		(Middle Initial)	5. Date of birth (Month/Day/Year)		
2. Address (Street number and name)		(Apt. number)	6. Country of birth		
(City)	(State)	(Zip Code)	7. Date of examination (Month/Day/Y	ear)	
General Physical Exa	mination: I exami	ned specifically for	evidence of the conditions listed below	w. My examination	revealed;
□ No apparent defect, disease, or	disability.		☐ The conditions listed below we	ere found (check all	boxes that apply).
Class A Conditions				(0.100.10	
☐ Chancroid	☐ Hansen's di	sease, infectious	☐ Mental defect	□ Psychopa	thic personality
☐ Chronic alcoholism	☐ HIV infection	,	☐ Mental retardation	☐ Sexual de	
☐ Gonorrhea	☐ Insanity		☐ Narcotic drug addiction	☐ Syphilis, i	nfectious
☐ Granuloma inguinale	•	nuloma venereum	☐ Previous occurrence of one	☐ Tuberculo	
	_ Lymphogran	idioma vonorodim	or more attacks of insanity	_ rabbibale	iolo, douvo
Class B Conditions			Other physical defect, disease	or disability (specify	y below).
☐ Hansen's disease, not infectious					
Examination for Tuberculosis - T	uberculin Skin T	est	Examination for Tuberculosis - Cl	nest X-Ray Report	
☐ Reactionmm	☐ No reaction	□ Not Done	☐ Abnormal	☐ Normal	☐ Not done
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
Serologic Test for Syphilis			Serologic Test for HIV Antibody		
☐ Reactive Titer (confirmatory test	performed)	□ Nonreactive	☐ Positive (confirmed by Wester	n biot)	☐ Negative
Test Type	,		Test Type		
Doctor's name (please print)		Date read	Doctor's name (please print)		Date read
		•	R, Td-Refer to PHS Guidelines for recomm		
☐ Applicant is currently for recommended age-specific immunizations.			☐ Applicant is not current for rec		
DEMARKS.			and I have encouraged that a	ippropriate immuniz	ations be obtained.
REMARKS:					
The elice remarks become because its			Follow-up of Medical Condition		
• • • • • • • • • • • • • • • • • • • •	•		ination conducted by me identified the condtic ease provide follow-up services of refer the al	•	
The actions necessary for medical of	•		·	ion to an appropriate i	iodili odio providor.
		Follow-up	Information:		
	The alien n	amed above has com	plied with the recommended health follow-	·up.	
Doctor's name and address (please	type or print clear	ly)	Doctor's signature	Date	
		Annlicatio	on Certification		
Legrify that Lunderstand the purpose	e of the medical ex	• •	e the required tests to be completed, and t	he information on th	is form refers to me
Signature			Date	anomation on th	
Jignataro			24.0		
		Civil Surc	geon Certification:		
My examination showed the app	licant to have met		ion and health follow-up requirements for	adjustment of status	
Doctor's name address (please typ			Doctor's signature	Date	
(1 - 31	. ,,				

Medical	Estimate Time	Action
Condition	For Clearance	Required
*Suspected Mental Conditions	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
Tuberculin Skin Test Reaction and Normal Chest X-Ray	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active of Suspected Active/Class A)	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
Hansen's Disease	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromotous of Borderline (dimorphous)and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
***Venereal Diseases	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
Immunizations Incomplete	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
HIV Infection	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

^{*}Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

^{**}Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.